

4021 Tealwood Drive  
Austin TX 78731-1341

8/12/15

RE; Austin Public Utilities Commission hearing Community Water Fluoridation 8/19/15

As a resident of Austin and one whose career has been teaching and researching Preventive Dentistry, Epidemiology and Oral Health Services, I strongly urge the Committee to support and recommend Community Water Fluoridation ( CWF ) in our city.

CWF has a seventy year history of safety and efficacy, and was largely discovered in Texas due to naturally fluoridated water. This is something to be proud of. I will not try to refer to the large body of scientific evidence for CWF and its summation, which is available to the Committee on CDC, NIH-NIDCR, ADA and other web sites. Rather it seems pertinent to refer to more local research and impacts of CWF.

1. I conducted for the Texas Dept of Health Services ( TDH, TDSHS ) a statewide study of the impact of this very low cost community preventive measure on the very high expenditure of public funds in restoring oral health by tooth filling in the Medicaid program. In Texas on average, including in Austin, CWF saves us \$ 19 per child each and every year by preventing cavities and reducing the cost of fillings. This is additional to the individual preventive services in that program, and involves an average annual recurrent cost for CWF of only 0.35 cents per person. ( 54:1 ) ( Ref 1 below )

All Austin adults and children benefit from CWF proportionally to their disease severity (cavity experience). Many today have no cavities.

It would be very short sighted policy for this Committee to save the very low costs of CWF prevention, but precipitate higher costs of dental treatment across the city. And the Committee must not hide between the differing legislature's responsibilities for prevention versus disease treatment. Responsibility requires intergovernmental cooperation.

It is simply not the case, as opponents of CWF assert, that equally efficient, effective and accessible dental preventive measure are available to replace CWF. I say this as one who has conducted and reviewed many studies of various dental preventive measures and programs.

2. In Austin the St David's Foundation sponsors a large dental sealant cavity prevention program. In conjunction with CWF this is highly effective. To cease CWF would undermine this program, and also make the attainment of oral health much less likely for each of Austin's children, adolescents and adults, including those fortunate to have access to affordable dental care.

Those who would who would discontinue this recognized, soundly established, essential and community wide preventive measure have made many unfounded assertions about it, and its replacement. These claims suffer from selection bias of research and its interpretation, supporting their beliefs. They do not present the weight of the full body of scientific evidence for and against, as formally reviewed and assessed by independent panels of researchers with the diversity and depth of expertise required. Such formal, scientific and published consensus, not opinions of individuals, experts or groups, is obtained by CDC, NIDCR-NIH, EPA, ADA and other agencies and bodies. This Committee knows these agencies have responsibility for public

health, individual and community based prevention and health promotion. Their reviews are updated periodically in response to new science, and their recommendations amended as appropriate. They should be respected and followed, as does the Texas Department of Health Services.

Two recent issues merit specific comment. 1. Recent redefinition of optimal levels of fluoride in water, to the lower bound of a long standing range ( to 0.7 PPM F ) actually has no effect in Austin. 2. Being a replication of observations in nature, and a community not individual preventive measure, CWF is appropriately studied by observational epidemiological methods. A recent UK review seeks the impossible. That it be studied as if it were an individual measure. It then illogically claims the unattainable evidence is lacking. Some in Austin also mistakenly seek this illusory evidence.

It is very clear that CWF continues to have the full support of responsible agencies and organizations nationwide for its safety and efficacy. While the Committee must listen to the concerns and opinions of all its constituents, it is simply not possible to advance the public health by following poorly substantiated assertions, no matter how earnest and well meaning. That is not the effective and accountable process we have developed to decide our public health policy.

Thus I urge the Committee to affirm its strongest support for community water fluoridation.



John P Brown DDS MS PhD

Research Professor Emeritus

University of Texas Health Science Center at San Antonio

Chair of the Department of Community Dentistry 1984-2006

Diplomate American Board of Dental Public Health.

[brown@uthscsa.edu](mailto:brown@uthscsa.edu)

**Reference1. Water Fluoridation Costs Study.** Brown, John P and McMahon Dennis for the Texas Department of Health. 2000.

<http://oralhealthsa.org>

click on Oral & Dental Public Health Research by Faculty at top of home page,

scroll down to Water Fluoridation Costs Study,

click PDF link to download report.